

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT(A)

FILING DATE

10/595,631

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		101					54						
5		101					55						
6		101					56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1												
TOTAL REQ.	6												
TOTAL CLASRS	7												

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